

**UNITED STATES NATIONAL STAGE WORKSHEET (DO/EO)**

**Charitta Burt, Paralegal**

U. S. Application No. 10.12

Publication Date \_\_\_\_\_

Publication No. WO 1 PCT/RO/101 \_\_\_\_\_

Copy of ISR off, Copy of IPER off

Assignee information: \_\_\_\_\_

Priority Info: Country PR No. 02/04567 date 4.11.02 MORE (turn over)

Correspondence checked: \_\_\_\_\_

Inventor Name checked: F BARTHA L Francis

Inventor Residence city: 27546, state and/or country \_\_\_\_\_ citizenship: \_\_\_\_\_

International Application No. PCT 1 Language \_\_\_\_\_

Copy of ISR: ✓

Copy in International Application: ✓; Translation: yes \_\_\_\_\_ no \_\_\_\_\_ spec. page no. \_\_\_\_\_

371 Filing Fees: 950 meets Art. 33(2)-(3) Low fee applies: \_\_\_\_\_

Total Claims: 19 Chargeable 19 Independent 1 multiple NO

Number of drawing Sheets: \_\_\_\_\_ Foreign language: \_\_\_\_\_

Oath/Declaration: ✓; signed ✓ unsigned ✓ defective ✓ completed 7.11.05

Small entity fee: \_\_\_\_\_; SME papers: yes \_\_\_\_\_ no \_\_\_\_\_

Bio Seq. Diskette: \_\_\_\_\_ entered \_\_\_\_\_ Bio Seq. Listing: \_\_\_\_\_ statement \_\_\_\_\_

References \_\_\_\_\_

Copy of IPER: ✓; Annexes: \_\_\_\_\_ entered \_\_\_\_\_ not entered \_\_\_\_\_

Preliminary Amendment(s): ✓ date: \_\_\_\_\_; 2<sup>nd</sup> amendment date \_\_\_\_\_

IDS: ✓ DATE: 10.11.04 2<sup>nd</sup> DATE \_\_\_\_\_

Request for Immediate Examination: ✓

Substitute Specification: \_\_\_\_\_ date: \_\_\_\_\_

Assignment: \_\_\_\_\_ forwarded to Assignment branch date: \_\_\_\_\_

Priority Document(s): ✓ date \_\_\_\_\_; Number of copies included \_\_\_\_\_

Power of Attorney: \_\_\_\_\_

Abstract: ✓, Article 19 Amendment: \_\_\_\_\_; replaced by Article 34 Amdt. \_\_\_\_\_

Date of 35 USC Receipt of Request: 10.11.04 Notes: \_\_\_\_\_

Date Completion USC 371 Requirements: 7.11.05

Notice of Missing Requirements: 6.20.05

Notice of Defective Response: \_\_\_\_\_

Notice of Acceptance: 8.2.05

Notice of Abandonment: \_\_\_\_\_ Petition to Revive: \_\_\_\_\_; Petition 1.47: \_\_\_\_\_

Other forms: \_\_\_\_\_ Extension of time: Number of months \_\_\_\_\_